

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		09/18/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			9-2100
FORMALITY REVIEW	<i>[Signature]</i>	752	10-22-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Best Available Copy

Claim		Date											
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	0902												
	0904												
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If more than 150 claims or 10 actions  
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